



Meridian Environmental Consulting, LLC

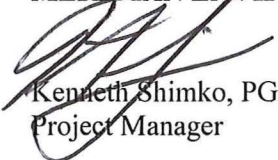
July 8, 2019

Pat Collins
Wisconsin Department of Natural Resources
890 Spruce St.
Baldwin, Wisconsin 54002

Subject: **Monitoring Well Abandonment Forms**
Gerry's Corner Store
100 Tonnar St (Hwy. 25)
Ridgeland, Wisconsin
BRRTS No. 03-17-223007
PECFA No. 54763-9623-02
Meridian No. 05F761

The monitoring wells at this site were abandoned July 8, 2019. The abandonment forms are included with this letter.

Sincerely,
MERIDIAN ENVIRONMENTAL CONSULTING, LLC


Kenneth Shimko, PG
Project Manager

Photographs of MW-2R abandonment (7/8/19)
Gerry's Corner Store (former)
Ridgeland, WI
Meridian No. 05F761



T-1

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:

- Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information

County Dunn	WI Unique Well # of Removed Well	Hicap #
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 1/4 or Gov't Lot #	Section	Township N
Well Street Address 102 state Rd 25	Range <input type="checkbox"/> E <input type="checkbox"/> W	
Well City, Village or Town Ridgeland	Well ZIP Code 54763	
Subdivision Name	Lot #	

2. Facility / Owner Information

Facility Name Gerry's Corner Store (former)		
Facility ID (FID or PWS)		
License/Permit/Monitoring #		
Original Well Owner		
Present Well Owner		
Mailing Address of Present Owner 102 state Rd 25		
City of Present Owner Ridgeland	State WI	ZIP Code 54763

4. Pump, Liner, Screen, Casing & Sealing Material

Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Did sealing material rise to surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

3. Filled & Sealed Well / Drillhole / Borehole Information

Reason for Removal from Service Project closed	WI Unique Well # of Replacement Well
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) 6-10-10
If a Well Construction Report is available, please attach.	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): Geoprobe	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) 15	Casing Diameter (in.) 1
Lower Drillhole Diameter (in.) 2	Casing Depth (ft.) 15
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? 3	Depth to Water (feet) 4.2

Required Method of Placing Sealing Material

<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped
<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips)	<input type="checkbox"/> Other (Explain): _____
Sealing Materials	
<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Concrete
<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input type="checkbox"/> Bentonite Chips
For Monitoring Wells and Monitoring Well Boreholes Only:	
<input checked="" type="checkbox"/> Bentonite Chips	<input type="checkbox"/> Bentonite - Cement Grout
<input type="checkbox"/> Granular Bentonite	<input type="checkbox"/> Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	15	~1/4 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Meridian Env. Cstg, LLC	License # 1061	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7/8/19	DNR Use Only	
Street or Route 2711 N. Ellet Rd	Telephone Number (715) 8326608	Comments	Date Received	Noted By
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work 	Date Signed 7-8-19

Temp well T-1

State of Wisconsin
Department of Natural Resources

Route to: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

Facility/Project Name <u>Fasters - Ridgeland</u>	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name <u>SB-4 Temp Well (T-1)</u>
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Wis. Unique Well No. / DNR Well ID No.
Facility ID	Lat. _____ Long. _____ or	Date Well Installed <u>06/10/2010</u> m m d d y y y y
Type of Well Well Code <u>11 / MW</u>	St. Plane _____ ft. N. _____ ft. E. S/C/N	Well Installed By: Name (first, last) and Firm <u>Laundon + Daria Geiss</u>
Distance from Waste/Source _____ ft.	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	
Enf. Stds. Apply <input type="checkbox"/>	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	
	Gov. Lot Number	

A. Protective pipe, top elevation	----- 0 ----- ft. MSL	1. Cap and lock?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation	----- -0.5 ----- ft. MSL	2. Protective cover pipe:	
C. Land surface elevation	----- 0 ----- ft. MSL	a. Inside diameter:	2 in.
D. Surface seal, bottom	----- 1 ----- ft. MSL or ----- ft.	b. Length:	0.5 ft.
		c. Material:	Steel <input checked="" type="checkbox"/> 0.4 Other <input type="checkbox"/>
12. USCS classification of soil near screen:		d. Additional protection?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/>		If yes, describe: _____	
SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/>		3. Surface seal:	Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
Bedrock <input type="checkbox"/>		4. Material between well casing and protective pipe:	Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>
13. Sieve analysis performed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. Annular space seal:	a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above
14. Drilling method used:	Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/>	f. How installed:	Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99		6. Bentonite seal:	a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input checked="" type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
16. Drilling additives used?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Fine sand material: Manufacturer, product name & mesh size	
Describe _____		a. _____	
17. Source of water (attach analysis, if required):		b. Volume added _____ ft ³	
		8. Filter pack material: Manufacturer, product name & mesh size	
E. Bentonite seal, top	----- 1 ----- ft. MSL or ----- ft.	a. <u>Sand</u>	
F. Fine sand, top	----- 3 ----- ft. MSL or ----- ft.	b. Volume added _____ ft ³	
G. Filter pack, top	----- 5 ----- ft. MSL or ----- ft.	9. Well casing:	Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
H. Screen joint, top	----- 5 ----- ft. MSL or ----- ft.	10. Screen material:	
I. Well bottom	----- 15 ----- ft. MSL or ----- ft.	a. Screen type:	Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
J. Filter pack, bottom	----- 16 ----- ft. MSL or ----- ft.	b. Manufacturer _____	
K. Borehole, bottom	----- 16 ----- ft. MSL or ----- ft.	c. Slot size: 0.1 in.	
L. Borehole, diameter	2 in.	d. Slotted length: 10 ft.	
M. O.D. well casing	1 in.	11. Backfill material (below filter pack):	None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
N. I.D. well casing	1 in.		

I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature [Signature] Firm Mendota Environmental Cstg.

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

MW-1

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

1. Well Location Information **2. Facility / Owner Information**

County Dunn		WI Unique Well # of Removed Well		Hicap #		Facility Name Gerry's Corner Store (former)			
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)			
1/4 or Gov't Lot #		Section		Township N		Range <input type="checkbox"/> E <input type="checkbox"/> W		License/Permit/Monitoring #	
Well Street Address 102 state Rd 25						Original Well Owner			
Well City, Village or Town Ridgeland						Present Well Owner			
Subdivision Name						Mailing Address of Present Owner 102 state Rd 25			
Well ZIP Code 54763						City of Present Owner Ridgeland		State WI	ZIP Code 54763

3. Filled & Sealed Well / Drillhole / Borehole Information **4. Pump, Liner, Screen, Casing & Sealing Material**

Reason for Removal from Service Project closed		WI Unique Well # of Replacement Well		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 6-10-10		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Borehole / Drillhole		Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		Screen removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Casing left in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) 15		Casing Diameter (in.) 2		Did sealing material rise to surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) 8		Casing Depth (ft.) 15		Did material settle after 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, to what depth (feet)? 3		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Depth to Water (feet) 3.18		Required Method of Placing Sealing Material: <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Sealing Materials: <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips		For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite chips (3/8)	Surface	15	1/2 bag	

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Meridian Env. Co. LLC		License # 1061	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7/8/19	Date Received	Noted By
Street or Route 2711 N. Elco Rd			Telephone Number (715) 8326608	Comments	
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work 	Date Signed 7-8-19	

Route to: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name <u>Fastess - Ridgeland</u>		Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.		Well Name <u>MW-1</u>	
Facility License, Permit or Monitoring No.		Local Grid Origin (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		Wis. Unique Well No. DNR Well ID No.	
Facility ID		Lat. " Long. " or		Date Well Installed <u>06/10/2010</u> m m d d y y y y	
Type of Well Well Code <u>11 / MW</u>		St. Plane ft. N. ft. E. S/C/N		Well Installed By: Name (first, last) and Firm <u>Langdon & Davis Geiss</u>	
Distance from Waste/Source ft.		Section Location of Waste/Source 1/4 of 1/4 of Sec. T. N, R. <input type="checkbox"/> E <input type="checkbox"/> W			
Enf. Stds. Apply <input type="checkbox"/>		Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known		Gov. Lot Number	

A. Protective pipe, top elevation <u>0</u> ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation <u>-0.5</u> ft. MSL	2. Protective cover pipe: a. Inside diameter: <u>8</u> in. b. Length: <u>1</u> ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation <u>0</u> ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom <u>1</u> ft. MSL or <u>1</u> ft.	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	
13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/>	
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99	
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe: _____	
17. Source of water (attach analysis, if required): _____	
E. Bentonite seal, top <u>1</u> ft. MSL or <u>1</u> ft.	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>
F. Fine sand, top <u>4</u> ft.	5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. <u> </u> Lbs/gal mud weight... Bentonite-sand slurry <input type="checkbox"/> 35 c. <u> </u> Lbs/gal mud weight... Bentonite slurry <input type="checkbox"/> 31 d. <u> </u> % Bentonite... Bentonite-cement grout <input type="checkbox"/> 50 e. <u> </u> Ft ³ volume added for any of the above
G. Filter pack, top <u>4</u> ft.	f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
H. Screen joint, top <u>5</u> ft.	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input checked="" type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. Other <input type="checkbox"/>
I. Well bottom <u>15</u> ft.	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
J. Filter pack, bottom <u>15</u> ft.	8. Filter pack material: Manufacturer, product name & mesh size a. <u>Sand</u> b. Volume added _____ ft ³
K. Borehole, bottom <u>15</u> ft.	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
L. Borehole, diameter <u>8</u> in.	10. Screen material: a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
M. O.D. well casing <u>2</u> in.	b. Manufacturer _____ c. Slot size: <u>0.1</u> in. d. Slotted length: <u>10</u> ft.
N. I.D. well casing <u>2</u> in.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>

I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature [Signature] Firm Meridian Environmental CS LLC

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

MW-2R

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:

- Drinking Water
- Watershed/Wastewater
- Remediation/Redevelopment
- Waste Management
- Other: _____

1. Well Location Information

County Dunn	WI Unique Well # of Removed Well	Hicap #
Latitude / Longitude (see instructions)	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 1/4 or Gov't Lot #	Section	Township N
Well Street Address 102 state Rd 25	Well City, Village or Town Ridgeland	Well ZIP Code 54763
Subdivision Name	Lot #	

2. Facility / Owner Information

Facility Name Gerry's Corner Store (former)		
Facility ID (FID or PWS)		
License/Permit/Monitoring #		
Original Well Owner		
Present Well Owner		
Mailing Address of Present Owner 102 state Rd 25		
City of Present Owner Ridgeland	State WI	ZIP Code 54763

4. Pump, Liner, Screen, Casing & Sealing Material

Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Did sealing material rise to surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

3. Filled & Sealed Well / Drillhole / Borehole Information

Reason for Removal from Service Project closed	WI Unique Well # of Replacement Well
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 6-1-11
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.
<input type="checkbox"/> Borehole / Drillhole	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) 14	Casing Diameter (in.) 2
Lower Drillhole Diameter (in.) 8	Casing Depth (ft.) 14
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? 3	Depth to Water (feet) 3.75

Required Method of Placing Sealing Material	
<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped
<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips)	<input type="checkbox"/> Other (Explain): _____
Sealing Materials	
<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Concrete
<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input type="checkbox"/> Bentonite Chips
For Monitoring Wells and Monitoring Well Boreholes Only:	
<input checked="" type="checkbox"/> Bentonite Chips	<input type="checkbox"/> Bentonite - Cement Grout
<input type="checkbox"/> Granular Bentonite	<input type="checkbox"/> Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite chips (3/8)	Surface	14	~1/2 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Meridian Env. Cont. LLC	License # 1061	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7/8/19	DNR Use Only	
Street or Route 2711 N. Ellet Rd	Telephone Number (715) 8326608	Comments	Date Received	Noted By
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work 	Date Signed 7-8-19

Route to: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name Corner Store	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name MW-2R
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Wis. Unique Well No. <input type="checkbox"/> DNR Well ID No. <input type="checkbox"/>
Facility ID	Lat. " Long. " or " "	Date Well Installed 6/1/2011 m m d d y y y y
Type of Well Well Code /	Section Location of Waste/Source 1/4 of 1/4 of Sec. T. N, R. <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm See Black Midwest Eng.
Distance from Waste/Source ft.	Enf. Stds. Apply <input type="checkbox"/>	Gov. Lot Number
	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	

- A. Protective pipe, top elevation **0** ft. MSL
- B. Well casing, top elevation **0.5** ft. MSL
- C. Land surface elevation **0** ft. MSL
- D. Surface seal, bottom **1** ft. MSL or **1** ft.

12. USCS classification of soil near screen:
 GP GM GC GW SW SP
 SM SC ML MH CL CH
 Bedrock

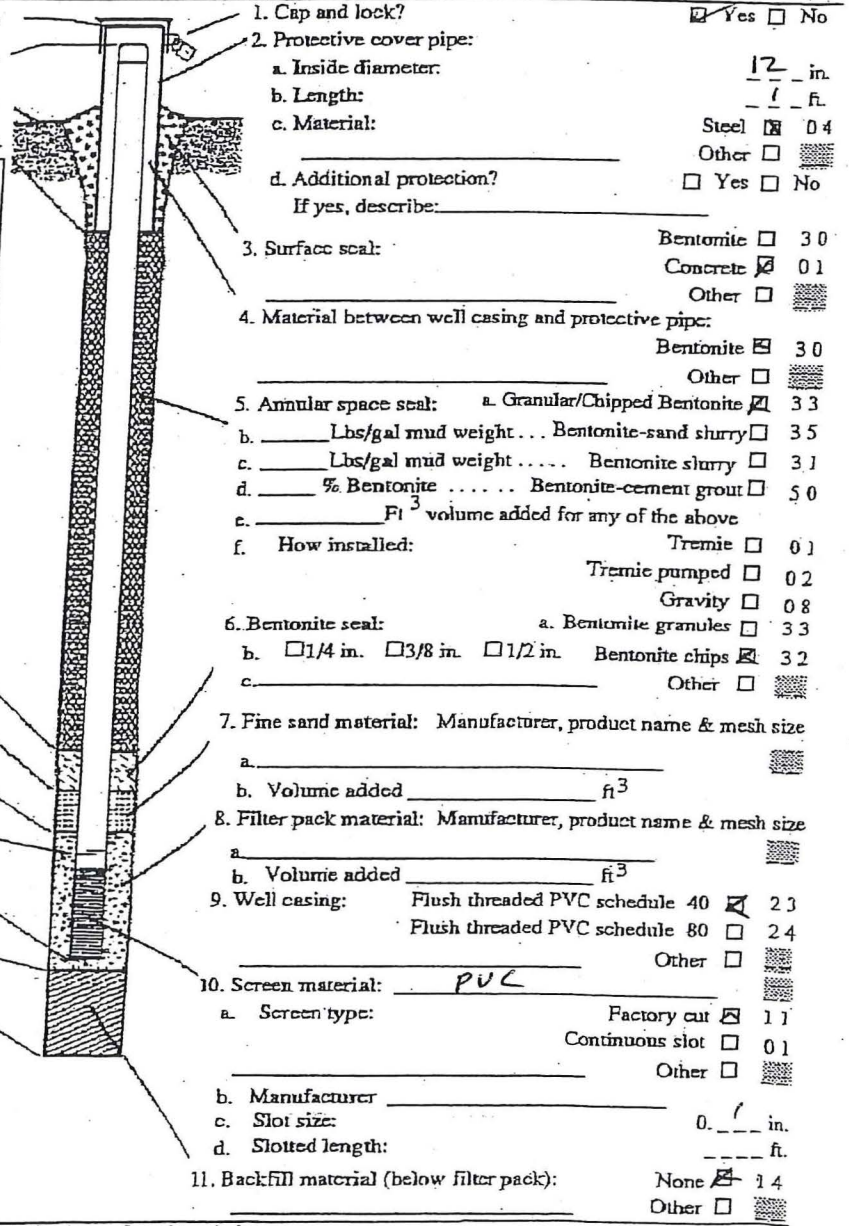
13. Sieve analysis performed? Yes No

14. Drilling method used: Rotary 50
 Hollow Stem Auger 41
 Other

15. Drilling fluid used: Water 02 Air 01
 Drilling Mud 03 None 99

16. Drilling additives used? Yes No
 Describe _____

17. Source of water (attach analysis, if required):



- E. Bentonite seal, top **2** ft. MSL or **2** ft.
- F. Fine sand, top **3** ft. MSL or **3** ft.
- G. Filter pack, top **3** ft. MSL or **3** ft.
- H. Screen joint, top **4** ft. MSL or **4** ft.
- I. Well bottom **14** ft. MSL or **14** ft.
- J. Filter pack, bottom **14** ft. MSL or **14** ft.
- K. Borehole, bottom **14** ft. MSL or **14** ft.
- L. Borehole, diameter **8** in.
- M. O.D. well casing **2** in.
- N. I.D. well casing **2** in.

I hereby certify that the information on this form is true and correct to the best of my knowledge.
 Signature [Signature] Firm Midwest Environmental CS/Eng, LLC

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

MW-3

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:

- Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information **2. Facility / Owner Information**

County Dunn		WI Unique Well # of Removed Well		Hicap #		Facility Name Gerry's Corner Store (former)			
Latitude / Longitude (see instructions) N _____ W _____		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)			
1/4 / 1/4 _____ or Gov't Lot # _____		Section		Township N		Range <input type="checkbox"/> E <input type="checkbox"/> W		License/Permit/Monitoring #	
Well Street Address 102 state Rd 25						Original Well Owner			
Well City, Village or Town Ridgeland						Present Well Owner			
Well ZIP Code 54763						Mailing Address of Present Owner 102 state Rd 25			
Subdivision Name						City of Present Owner Ridgeland		State WI	ZIP Code 54763

3. Filled & Sealed Well / Drillhole / Borehole Information **4. Pump, Liner, Screen, Casing & Sealing Material**

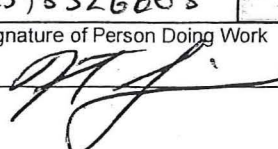
Reason for Removal from Service Project closed		WI Unique Well # of Replacement Well		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 6-10-2010		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Borehole / Drillhole		Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		Screen removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Total Well Depth From Ground Surface (ft.) 15		Casing Diameter (in.) 2	
Lower Drillhole Diameter (in.) 8		Casing Depth (ft.) 15		Casing left in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, to what depth (feet)? 3		Depth to Water (feet) 4.25	
Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____		Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Did sealing material rise to surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Did material settle after 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Sealing Method: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	15	~ 1/2 bag	

6. Comments

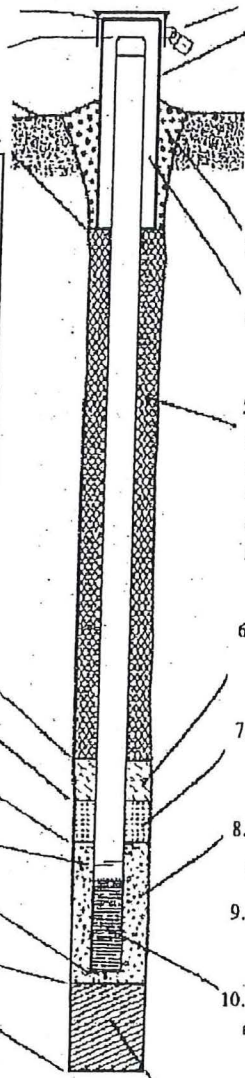
7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Meridian Env. Cstg, LLC		License # 1061		Date of Filling & Sealing or Verification (mm/dd/yyyy) 7/8/19		DNR Use Only Date Received		Noted By	
Street or Route 2711 N. Elco Rd				Telephone Number (715) 8326608		Comments			
City Fall Creek		State WI		ZIP Code 54742		Signature of Person Doing Work 		Date Signed 7-8-19	

Route to: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name <u>Wastors - Ridgeland</u>	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name <u>MW3</u>
Facility License, Permit or Monitoring No.	Local Grid Origin (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. _____ "Long. _____ " or _____	Wis. Unique Well No. _____ DNR Well ID No. _____
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed <u>06/10/2010</u> m m d d y y y y
Type of Well Well Code <u>11 / MW</u>	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm <u>Langdon + Darrin Geiss</u>
Distance from Waste/Source _____ ft.	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	
Enf. Stds. Apply <input type="checkbox"/>	Gov. Lot Number _____	

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation <u>-0.5</u> ft. MSL	2. Protective cover pipe: a. Inside diameter: <u>8</u> in. b. Length: <u>1</u> ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation <u>0</u> ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or _____ ft.	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>
13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/>	f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input checked="" type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
Describe _____	8. Filter pack material: Manufacturer, product name & mesh size a. <u>Sand</u> b. Volume added _____ ft ³
17. Source of water (attach analysis, if required): _____	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or <u>1</u> ft.	10. Screen material: a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or <u>3</u> ft.	b. Manufacturer _____ c. Slot size: <u>0.1</u> in. d. Slotted length: <u>10</u> ft.
G. Filter pack, top _____ ft. MSL or <u>7.5</u> ft.	11. Backfill material (below filter pack): None <input type="checkbox"/> 14 Other <input checked="" type="checkbox"/>
H. Screen joint, top _____ ft. MSL or <u>5</u> ft.	
I. Well bottom _____ ft. MSL or <u>15</u> ft.	
J. Filter pack, bottom _____ ft. MSL or <u>16.5</u> ft.	
K. Borehole, bottom _____ ft. MSL or <u>16.5</u> ft.	
L. Borehole, diameter <u>8</u> in.	
M. O.D. well casing <u>2</u> in.	
N. I.D. well casing <u>2</u> in.	



I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature [Signature] Firm Mendian Environmental Cstly.

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

MW-4

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

1. Well Location Information **2. Facility / Owner Information**

County Dunn	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name Gerry's Corner Store (former)
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS) _____
1/4 / 1/4 or Gov't Lot #	Section	Township N	Range <input type="checkbox"/> E <input type="checkbox"/> W
Well Street Address 102 state Rd 25	Well City, Village or Town Ridgeland		Well ZIP Code 54763
Subdivision Name	Lot #	City of Present Owner Ridgeland	State WI
Reason for Removal from Service Project closed		WI Unique Well # of Replacement Well _____	ZIP Code 54763


3. Filled & Sealed Well / Drillhole / Borehole Information **4. Pump, Liner, Screen, Casing & Sealing Material**

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 6-10-2010	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 15	Casing Diameter (in.) 2	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 8	Casing Depth (ft.) 15	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) 3.95	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If yes, to what depth (feet)? 3		

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite chips (3/8)	Surface	15	~ 1/2 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Meridian Env. CS Inc, LLC	License # 1061	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7/8/19	DNR Use Only	
Street or Route 2711 N. Elko Rd	Telephone Number (715) 8326608	Comments	Date Received	Noted By
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work 	
			Date Signed 7-8-19	

Facility/Project Name <u>Prosters - Ridgeland</u>	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name <u>MW-4</u>
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. _____ "Long. _____ or _____	Wis. Unique Well No. _____ DNR Well ID No. _____
Facility ID _____	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed <u>06/10/2010</u> m m d d y y y y
Type of Well Well Code <u>11 / MW</u>	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm <u>Langdon + Davis Geiss</u>
Distance from Waste/Source _____ ft.	Enf. Stds. Apply <input type="checkbox"/>	
	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	

A. Protective pipe, top elevation --- 0 ft. MSL
 B. Well casing, top elevation --- -0.5 ft. MSL
 C. Land surface elevation --- 0 ft. MSL
 D. Surface seal, bottom --- 1 ft. MSL or 1 ft.

12. USCS classification of soil near screen:
 GP GM GC GW SW SP
 SM SC ML MH CL CH
 Bedrock

13. Sieve analysis performed? Yes No

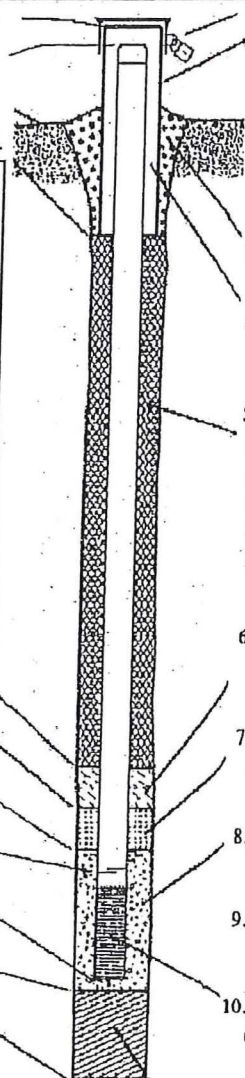
14. Drilling method used: Rotary 50
 Hollow Stem Auger 41
 Other

15. Drilling fluid used: Water 02 Air 01
 Drilling Mud 03 None 99

16. Drilling additives used? Yes No

Describe _____

17. Source of water (attach analysis, if required):



1. Cap and lock? Yes No
2. Protective cover pipe:
 a. Inside diameter: 8 in.
 b. Length: 1 ft.
 c. Material: Steel 04
 Other
- d. Additional protection? Yes No
 If yes, describe: _____
3. Surface seal: Bentonite 30
 Concrete 01
 Other
4. Material between well casing and protective pipe:
 Bentonite 30
 Other
5. Annular space seal: a. Granular/Chipped Bentonite 33
 b. _____ Lbs/gal mud weight... Bentonite-sand slurry 35
 c. _____ Lbs/gal mud weight... Bentonite slurry 31
 d. _____ % Bentonite... Bentonite-cement grout 50
 e. _____ Ft³ volume added for any of the above
 f. How installed: Tremie 01
 Tremie pumped 02
 Gravity 08
6. Bentonite seal: a. Bentonite granules 33
 b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 32
 c. _____ Other
7. Fine sand material: Manufacturer, product name & mesh size
 a. _____
 b. Volume added _____ ft³
8. Filter pack material: Manufacturer, product name & mesh size
 a. Sand
 b. Volume added _____ ft³
9. Well casing: Flush threaded PVC schedule 40 23
 Flush threaded PVC schedule 80 24
 Other
10. Screen material:
 a. Screen type: Factory cut 11
 Continuous slot 01
 Other
 b. Manufacturer _____
 c. Slot size: 0.1 in.
 d. Slotted length: 10 ft.
11. Backfill material (below filter pack): None 14
 Other

E. Bentonite seal, top --- ft. MSL or 1 ft.
 F. Fine sand, top --- ft. MSL or 3 ft.
 G. Filter pack, top --- ft. MSL or 5 ft.
 H. Screen joint, top --- ft. MSL or 5 ft.
 I. Well bottom --- ft. MSL or 15 ft.
 J. Filter pack, bottom --- ft. MSL or 16 ft.
 K. Borehole, bottom --- ft. MSL or 16 ft.
 L. Borehole, diameter 8 in.
 M. O.D. well casing 2 in.
 N. I.D. well casing 2 in.

I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature [Signature] Firm Meridian Environmental Cstly.

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

MW-5

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:

- Drinking Water
- Watershed/Wastewater
- Remediation/Redevelopment
- Waste Management
- Other: _____

1. Well Location Information

County Dunn	WI Unique Well # of Removed Well _____	Hicap # _____
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 / 1/4 or Gov't Lot #	Section	Township N
Well Street Address 102 state Rd 25	Range <input type="checkbox"/> E <input type="checkbox"/> W	
Well City, Village or Town Ridgeland	Well ZIP Code 54763	
Subdivision Name	Lot #	

2. Facility / Owner Information

Facility Name Gerry's Corner Store (former)
Facility ID (FID or PWS) _____
License/Permit/Monitoring # _____
Original Well Owner _____
Present Well Owner _____
Mailing Address of Present Owner 102 state Rd 25
City of Present Owner Ridgeland
State WI
ZIP Code 54763

Reason for Removal from Service
Project closed

WI Unique Well # of Replacement Well

3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 5-31-2011
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.
<input type="checkbox"/> Borehole / Drillhole	

Construction Type:

Drilled Driven (Sandpoint) Dug

Other (specify): _____

Formation Type:

Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.) Casing Diameter (in.)

14 **2**

Lower Drillhole Diameter (in.) Casing Depth (ft.)

8 **14**

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? Depth to Water (feet)

3 **3.50**

4. Pump, Liner, Screen, Casing & Sealing Material

Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Did sealing material rise to surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

Required Method of Placing Sealing Material

Conductor Pipe-Gravity Conductor Pipe-Pumped

Screened & Poured (Bentonite Chips) Other (Explain): _____

Sealing Materials

Neat Cement Grout Concrete

Sand-Cement (Concrete) Grout Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:

Bentonite Chips Bentonite - Cement Grout

Granular Bentonite Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite chips (3/8)	Surface	~14	~1/2 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Meridian Env. CS Inc, LLC	License # 1061	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7/8/19	DNR Use Only	
Street or Route 2711 N. Elko Rd	Telephone Number (715) 8326608	Comments	Date Received	Noted By
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work 	Date Signed 7-8-19

Facility/Project Name Corner Store		Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.		Well Name MW-5	
Facility License, Permit or Monitoring No.		Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		Wis. Unique Well No. / DNR Well ID No.	
Facility ID		St. Plane _____ ft. N. _____ ft. E. S/C/N		Date Well Installed 5/31/2011 m m d d y y y y	
Type of Well		Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. _____ <input type="checkbox"/> E <input type="checkbox"/> W		Well Installed By: Name (first, last) and Firm Joe Black Midwest Eng.	
Well Code _____		Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known		Gov. Lot Number _____	
Distance from Waste/Source _____ ft.		Enf. Stds. Apply <input type="checkbox"/>			

- A. Protective pipe, top elevation ----- **0** ft. MSL
- B. Well casing, top elevation ----- **-5** ft. MSL
- C. Land surface elevation ----- **0** ft. MSL
- D. Surface seal, bottom ----- ft. MSL or **1** ft.

12. USCS classification of soil near screen:
 GP GM GC GW SW SP
 SM SC ML MH CL CH
 Bedrock

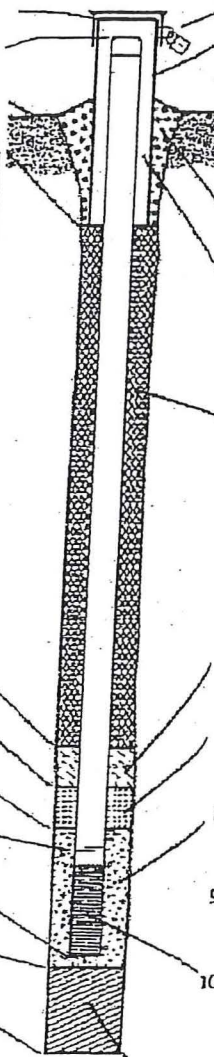
13. Sieve analysis performed? Yes No

14. Drilling method used: Rotary 5 0
 Hollow Stem Auger 4 1
 Other

15. Drilling fluid used: Water 0 2 Air 0 1
 Drilling Mud 0 3 None 9 9

16. Drilling additives used? Yes No
 Describe _____


17. Source of water (attach analysis, if required):



- 1. Cap and lock? Yes No
- 2. Protective cover pipe:
 - a. Inside diameter: **12** in.
 - b. Length: **1** ft.
 - c. Material: Steel 0 4
Other
 - d. Additional protection? Yes No
If yes, describe: _____
- 3. Surface seal: Bentonite 3 0
Concrete 0 1
Other
- 4. Material between well casing and protective pipe: Bentonite 3 0
Other
- 5. Annular space seal:
 - a. Granular/Chipped Bentonite 3 3
 - b. _____ Lbs/gal mud weight ... Bentonite-sand slurry 3 5
 - c. _____ Lbs/gal mud weight ... Bentonite slurry 3 1
 - d. _____ % Bentonite ... Bentonite-cement grout 5 0
 - e. _____ Ft³ volume added for any of the above
 - f. How installed: Tremie 0 1
Tremie pumped 0 2
Gravity 0 8
- 6. Bentonite seal:
 - a. Bentonite granules 3 3
 - b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 3 2
 - c. _____ Other
- 7. Fine sand material: Manufacturer, product name & mesh size
 a. _____
 b. Volume added _____ ft³
- 8. Filter pack material: Manufacturer, product name & mesh size
 a. _____
 b. Volume added _____ ft³
- 9. Well casing: Flush threaded PVC schedule 40 2 3
 Flush threaded PVC schedule 80 2 4
 Other
- 10. Screen material: **PVC**
 a. Screen type: Factory cut 1 1
 Continuous slot 0 1
 Other
- b. Manufacturer _____
 c. Slot size: **0.1** in.
 d. Slotted length: _____ ft.
- 11. Backfill material (below filter pack): None 1 4
 Other

- E. Bentonite seal, top ----- ft. MSL or **3** ft.
- F. Fine sand, top ----- ft. MSL or **3** ft.
- G. Filter pack, top ----- ft. MSL or **3** ft.
- H. Screen joint, top ----- ft. MSL or **4** ft.
- I. Well bottom ----- ft. MSL or **14** ft.
- J. Filter pack, bottom ----- ft. MSL or **14** ft.
- K. Borehole, bottom ----- ft. MSL or **14** ft.
- L. Borehole, diameter **8** in.
- M. O.D. well casing **2** in.
- N. I.D. well casing **2** in.

I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature  Firm **Mandian Environmental CS Inc, LLC**

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

MW-6R

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:

- Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information

County Dunn WI Unique Well # of Removed Well _____ Hicap # _____
Latitude / Longitude (see instructions) _____ N _____ W _____
Format Code DD DDM
Method Code GPS008 SCR002 OTH001
1/4 / 1/4 _____ Section _____ Township _____ Range E W
or Gov't Lot # _____
Well Street Address 102 state Rd 25
Well City, Village or Town Ridgeland Well ZIP Code 54763
Subdivision Name _____ Lot # _____

2. Facility / Owner Information

Facility Name Gerrys Corner Store (former)
Facility ID (FID or PWS) _____
License/Permit/Monitoring # _____
Original Well Owner _____
Present Well Owner _____
Mailing Address of Present Owner 102 State Rd 25
City of Present Owner Ridgeland State WI ZIP Code 54763

4. Pump, Liner, Screen, Casing & Sealing Material

Pump and piping removed? Yes No N/A
Liner(s) removed? Yes No N/A
Liner(s) perforated? Yes No N/A
Screen removed? Yes No N/A
Casing left in place? Yes No N/A
Was casing cut off below surface? Yes No N/A
Did sealing material rise to surface? Yes No N/A
Did material settle after 24 hours? Yes No N/A
If yes, was hole retopped? Yes No N/A
If bentonite chips were used, were they hydrated with water from a known safe source? Yes No N/A

Required Method of Placing Sealing Material
 Conductor Pipe-Gravity Conductor Pipe-Pumped
 Screened & Poured (Bentonite Chips) Other (Explain): _____

Sealing Materials
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout Bentonite Chips
For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips Bentonite - Cement Grout
 Granular Bentonite Bentonite - Sand Slurry

Reason for Removal from Service Project closed

WI Unique Well # of Replacement Well _____

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Water Well Borehole / Drillhole
Original Construction Date (mm/dd/yyyy) 11-18-2013
If a Well Construction Report is available, please attach. _____

Construction Type:
 Drilled Driven (Sandpoint) Dug
 Other (specify): _____

Formation Type:
 Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.) 14 Casing Diameter (in.) 2

Lower Drillhole Diameter (in.) 8 Casing Depth (ft.) 14

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? 3 Depth to Water (feet) 3.80

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	14	~ 1/2 bag	

6. Comments

7. Supervision of Work

Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <u>Meridian Env. Cs Hg, LLC</u>	License # <u>1061</u>	Date of Filling & Sealing or Verification (mm/dd/yyyy) <u>7/8/19</u>	Date Received	Noted By	
Street or Route <u>2711 N. Ellet Rd</u>	Telephone Number <u>(715) 832 6608</u>	Comments			
City <u>Fall Creek</u>	State <u>WI</u>	ZIP Code <u>54742</u>	Signature of Person Doing Work 	Date Signed <u>7-8-19</u>	

Facility/Project Name <i>Ceruzzi - Farmer</i>	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name <i>MW-62</i>
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Wis. Unique Well No. <input type="checkbox"/> DNR Well ID No. <input type="checkbox"/>
Facility ID	Lat. _____ " Long. _____ "	Date Well Installed <i>11/18/2013</i> m m d d y y y y
Type of Well Well Code _____ / _____	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm <i>Keith & Darrin Geiss</i>
Distance from Waste/Source _____ ft.	Enf. Stds. Apply <input type="checkbox"/>	
	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	
	Gov. Lot Number _____	

- A. Protective pipe, top elevation ----- *0* ft. MSL
- B. Well casing, top elevation ----- *0* ft. MSL
- C. Land surface elevation ----- *0* ft. MSL
- D. Surface seal, bottom ----- *1* ft. MSL or ----- ft.

12. USCS classification of soil near screen:
 GP GM GC GW SW SP
 SM SC ML MH CL CH
 Bedrock

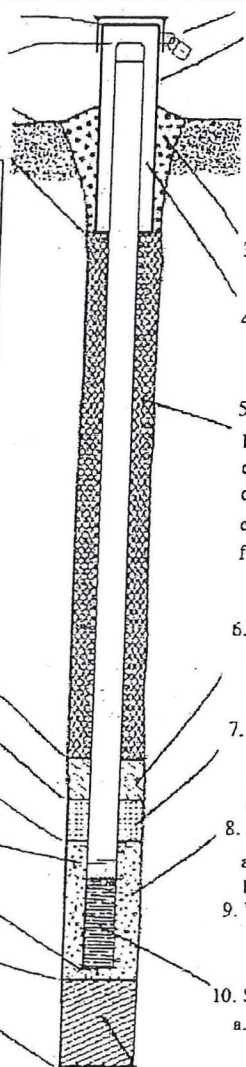
13. Sieve analysis performed? Yes No

14. Drilling method used: Rotary *58*
 Hollow Stem Auger *41*
 Other

15. Drilling fluid used: Water *02* Air *01*
 Drilling Mud *03* None *99*

16. Drilling additives used? Yes No
 Describe _____

17. Source of water (attach analysis, if required):



- 1. Cap and lock? Yes No
- 2. Protective cover pipe:
 - a. Inside diameter: *6* in.
 - b. Length: *1* ft.
 - c. Material: Steel *04* Other
 - d. Additional protection? Yes No
If yes, describe: _____
- 3. Surface seal: Bentonite *30* Concrete *01* Other
- 4. Material between well casing and protective pipe: Bentonite *30* Other
- 5. Annular space seal:
 - a. Granular/Chipped Bentonite *33*
 - b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry *35*
 - c. _____ Lbs/gal mud weight Bentonite slurry *31*
 - d. _____ % Bentonite Bentonite-cement grout *50*
 - e. _____ Ft³ volume added for any of the above
 - f. How installed: Tremie *01* Tremie pumped *02* Gravity *08*
- 6. Bentonite seal:
 - a. Bentonite granules *33*
 - b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips *32*
 - c. _____ Other
- 7. Fine sand material: Manufacturer, product name & mesh size
 - a. _____
 - b. Volume added _____ ft³
- 8. Filter pack material: Manufacturer, product name & mesh size
 - a. _____
 - b. Volume added _____ ft³
- 9. Well casing: Flush threaded PVC schedule 40 *23*
 Flush threaded PVC schedule 80 *24*
 Other
- 10. Screen material: *PVC*
 - a. Screen type: Factory cut *11* Continuous slot *01* Other
 - b. Manufacturer _____
 - c. Slot size: _____ in.
 - d. Slotted length: *10* ft.
- 11. Backfill material (below filter pack): None *14* Other

- E. Bentonite seal, top ----- ft. MSL or *3* ft.
- F. Fine sand, top ----- ft. MSL or *3* ft.
- G. Filter pack, top ----- ft. MSL or *3* ft.
- H. Screen joint, top ----- ft. MSL or *4* ft.
- I. Well bottom ----- ft. MSL or *14* ft.
- J. Filter pack, bottom ----- ft. MSL or *14* ft.
- K. Borehole, bottom ----- ft. MSL or *14* ft.
- L. Borehole, diameter ----- *8* in.
- M. O.D. well casing ----- *2* in.
- N. I.D. well casing ----- *2* in.

I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature *[Signature]* Firm *Mendota Env. Cntry, LLC*

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Mw-8

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:

- Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information

County Dunn	WI Unique Well # of Removed Well	Hicap #
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 1/4 or Gov't Lot #	Section	Township N
Well Street Address 102 state Rd 25	Range <input type="checkbox"/> E <input type="checkbox"/> W	
Well City, Village or Town Ridgeland	Well ZIP Code 54763	
Subdivision Name	Lot #	

2. Facility / Owner Information

Facility Name Gerry's Corner Store (former)		
Facility ID (FID or PWS)		
License/Permit/Monitoring #		
Original Well Owner		
Present Well Owner		
Mailing Address of Present Owner 102 state Rd 25		
City of Present Owner Ridgeland	State WI	ZIP Code 54763

4. Pump, Liner, Screen, Casing & Sealing Material

Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Did sealing material rise to surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

Required Method of Placing Sealing Material

<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped
<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips)	<input type="checkbox"/> Other (Explain): _____

Sealing Materials	
<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Concrete
<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input type="checkbox"/> Bentonite Chips
For Monitoring Wells and Monitoring Well Boreholes Only:	
<input checked="" type="checkbox"/> Bentonite Chips	<input type="checkbox"/> Bentonite - Cement Grout
<input type="checkbox"/> Granular Bentonite	<input type="checkbox"/> Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite chips (3/8)	Surface	14	~ 1/2 bag	

6. Comments

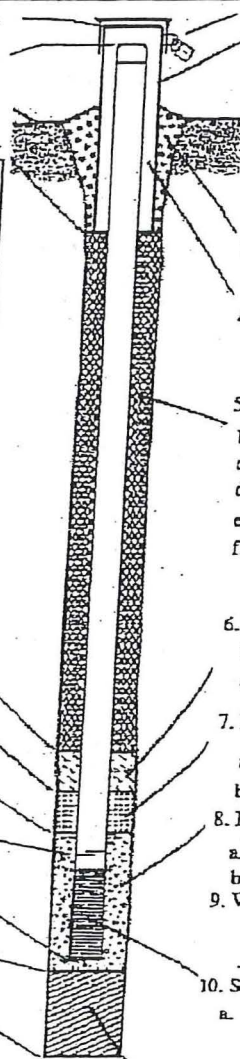
7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Meridian Env. Cs Hg, LLC	License # 1061	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7/8/19	DNR Use Only	
Street or Route 2711 N. Ello Rd	Telephone Number (715) 8326608	Comments	Date Received	Noted By
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work 	Date Signed 7-8-19

Facility/Project Name Corner Store	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name MW-8
Facility License, Permit or Monitoring No.	Local Grid Origin (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. _____ "Long. _____ or _____	Wis. Unique Well No. _____ DNR Well ID No. _____
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed 6/1/2011 m m d d y y y y
Type of Well Well Code 1	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N; R. _____ <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Installed By: Name (first, last) and Firm Joe Black Midwest Eng.
Distance from Waste/Source _____ ft.	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	
Enf. Stds. Apply <input type="checkbox"/>	Gov. Lot Number _____	

- A. Protective pipe, top elevation ----- ft. MSL
- B. Well casing, top elevation ----- ft. MSL
- C. Land surface elevation ----- ft. MSL
- D. Surface seal, bottom ----- ft. MSL or ----- ft.

12. USCS classification of soil near screen:
GP GM GC GW SW SP
SM SC ML MH CL CH
Bedrock
13. Sieve analysis performed? Yes No
14. Drilling method used: Rotary 50
Hollow Stem Auger 41
Other
15. Drilling fluid used: Water 02 Air 01
Drilling Mud 03 None 99
16. Drilling additives used? Yes No
Describe _____
17. Source of water (attach analysis, if required):



1. Cap and lock? Yes No
2. Protective cover pipe:
a. Inside diameter: **12** in.
b. Length: **1** ft.
c. Material: Steel 04
Other
- d. Additional protection? Yes No
If yes, describe: _____
3. Surface seal: Bentonite 30
Concrete 01
Other
4. Material between well casing and protective pipe:
Bentonite 30
Other
5. Annular space seal: a. Granular/Chipped Bentonite 33
b. _____ Lbs/gal mud weight ... Bentonite-sand slurry 35
c. _____ Lbs/gal mud weight ... Bentonite slurry 31
d. _____ % Bentonite ... Bentonite-cement grout 50
e. _____ Ft³ volume added for any of the above
f. How installed: Tremie 01
Tremie pumped 02
Gravity 08
6. Bentonite seal: a. Bentonite granules 33
b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 32
c. Other
7. Fine sand material: Manufacturer, product name & mesh size
a. _____
b. Volume added _____ ft³
8. Filter pack material: Manufacturer, product name & mesh size
a. _____
b. Volume added _____ ft³
9. Well casing: Flush threaded PVC schedule 40 23
Flush threaded PVC schedule 80 24
Other
10. Screen material: **PVC**
a. Screen type: Factory cut 11
Continuous slot 01
Other
b. Manufacturer _____
c. Slot size: **0.1** in.
d. Slotted length: _____ ft.
11. Backfill material (below filter pack): None 14
Other

- E. Bentonite seal, top ----- ft. MSL or **2** ft.
- F. Fine sand, top ----- ft. MSL or **3** ft.
- G. Filter pack, top ----- ft. MSL or **3** ft.
- H. Screen joint, top ----- ft. MSL or **4** ft.
- I. Well bottom ----- ft. MSL or **14** ft.
- J. Filter pack, bottom ----- ft. MSL or **14** ft.
- K. Borehole, bottom ----- ft. MSL or **14** ft.
- L. Borehole, diameter **8** in.
- M. O.D. well casing **2** in.
- N. I.D. well casing **2** in.

I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature Firm **Mandan Environmental Consulting, LLC**

PZ-1

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

1. Well Location Information

County: Dunn WI Unique Well # of Removed Well: _____ Hicap #: _____

Latitude / Longitude (see instructions): _____ N Format Code: DD Method Code: GPS008

_____ W DDM SCR002

_____ OTH001

1/4 1/4 Section Township Range E

or Gov't Lot # N W

Well Street Address: 102 state Rd 25

Well City, Village or Town: Ridgeland Well ZIP Code: 54763

Subdivision Name: _____ Lot #: _____

Reason for Removal from Service: Project closed WI Unique Well # of Replacement Well: _____

2. Facility / Owner Information

Facility Name: Gerry's Corner Store (former)

Facility ID (FID or PWS): _____

License/Permit/Monitoring #: _____

Original Well Owner: _____

Present Well Owner: _____

Mailing Address of Present Owner: 102 state Rd 25

City of Present Owner: Ridgeland State: WI ZIP Code: 54763

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): 6-1-2011

Water Well

Borehole / Drillhole If a Well Construction Report is available, please attach.

Construction Type:

Drilled Driven (Sandpoint) Dug

Other (specify): _____

Formation Type:

Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.): 30 Casing Diameter (in.): 2

Lower Drillhole Diameter (in.): 8 Casing Depth (ft.): 30

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? 20 Depth to Water (feet): 3.65

4. Pump, Liner, Screen, Casing & Sealing Material

Pump and piping removed? Yes No N/A

Liner(s) removed? Yes No N/A

Liner(s) perforated? Yes No N/A

Screen removed? Yes No N/A

Casing left in place? Yes No N/A

Was casing cut off below surface? Yes No N/A

Did sealing material rise to surface? Yes No N/A

Did material settle after 24 hours? Yes No N/A

If yes, was hole retopped? Yes No N/A

If bentonite chips were used, were they hydrated with water from a known safe source? Yes No N/A

Required Method of Placing Sealing Material

Conductor Pipe-Gravity Conductor Pipe-Pumped

Screened & Poured (Bentonite Chips) Other (Explain): _____

Sealing Materials

Neat Cement Grout Concrete

Sand-Cement (Concrete) Grout Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:

Bentonite Chips Bentonite - Cement Grout

Granular Bentonite Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	30	1 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: <u>Meridian Env. Cont. LLC</u>	License #: <u>1061</u>	Date of Filling & Sealing or Verification (mm/dd/yyyy): <u>7/8/19</u>	DNR Use Only	
Street or Route: <u>2711 N. Elco Rd</u>	Telephone Number: <u>(715) 8326608</u>	Comments: _____	Date Received: _____	Noted By: _____
City: <u>Fall Creek</u>	State: <u>WI</u>	ZIP Code: <u>54742</u>	Signature of Person Doing Work: <u>[Signature]</u>	Date Signed: <u>7-8-19</u>

Facility/Project Name: Corner Store Local Grid Location of Well: _____ ft. N. _____ ft. E. _____ ft. S. _____ ft. W.
 Facility License, Permit or Monitoring No.: _____ Local Grid Origin (estimated:) or Well Location
 Lat. _____ "Long. _____ or _____
 Facility ID: _____ St. Plane _____ ft. N. _____ ft. E. S/C/N
 Section Location of Waste/Source: _____ 1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. E W
 Well Code: _____/_____
 Distance from Waste/Source _____ ft. Enf. Stds. Apply
 Location of Well Relative to Waste/Source: u Upgradient s Sidegradient d Downgradient n Not Known
 Gov. Lot Number: _____
 Well Name: PZ-1
 Wis. Unique Well No.: _____ DNR Well ID No.: _____
 Date Well Installed: 6/1/2011
 Well Installed By: Name (first, last) and Firm: Joe Black Midwest Eng.

- A. Protective pipe, top elevation _____ ft. MSL
 B. Well casing, top elevation _____ ft. MSL
 C. Land surface elevation _____ ft. MSL
 D. Surface seal, bottom _____ ft. MSL or _____ ft.

12. USCS classification of soil near screen:
 GP GM GC GW SW SP
 SM SC ML MH CL CH
 Bedrock

13. Sieve analysis performed? Yes No

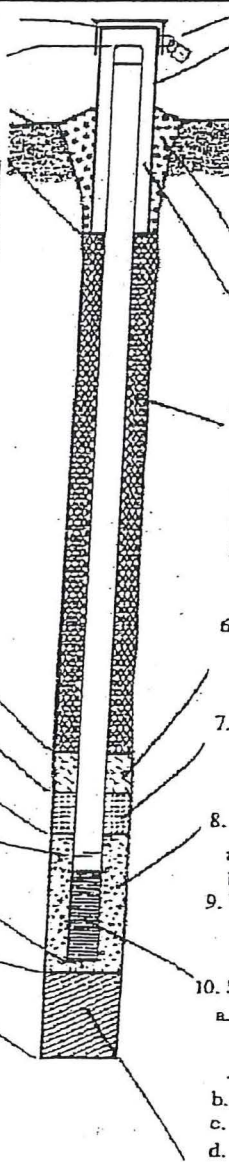
14. Drilling method used: Rotary 50
 Hollow Stem Auger 41
 Other

15. Drilling fluid used: Water 02 Air 01
 Drilling Mud 03 None 99

16. Drilling additives used? Yes No

Describe _____

17. Source of water (attach analysis, if required): _____



1. Cap and lock? Yes No
 2. Protective cover pipe:
 a. Inside diameter: 12 in.
 b. Length: 1 ft.
 c. Material: Steel 04
 Other
 d. Additional protection? Yes No
 If yes, describe: _____
 3. Surface seal: Bentonite 30
 Concrete 01
 Other
 4. Material between well casing and protective pipe:
 Bentonite 30
 Other
 5. Annular space seal: a. Granular/Chipped Bentonite 33
 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry 35
 c. _____ Lbs/gal mud weight ... Bentonite slurry 31
 d. _____ % Bentonite ... Bentonite-cement grout 50
 e. _____ Ft³ volume added for any of the above
 f. How installed: Tremie 01
 Tremie pumped 02
 Gravity 08
 6. Bentonite seal: a. Bentonite granules 33
 b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 32
 c. _____ Other
 7. Fine sand material: Manufacturer, product name & mesh size
 a. _____
 b. Volume added _____ ft³
 8. Filter pack material: Manufacturer, product name & mesh size
 a. _____
 b. Volume added _____ ft³
 9. Well casing: Flush threaded PVC schedule 40 23
 Flush threaded PVC schedule 80 24
 Other
 10. Screen material: PVC
 a. Screen type: Factory cut 11
 Continuous slot 01
 Other
 b. Manufacturer _____
 c. Slot size: _____ in.
 d. Slotted length: _____ ft.
 11. Backfill material (below filter pack): None 14
 Other

- E. Bentonite seal, top _____ ft. MSL or 20 ft.
 F. Fine sand, top _____ ft. MSL or 22 ft.
 G. Filter pack, top _____ ft. MSL or 23 ft.
 H. Screen joint, top _____ ft. MSL or 25 ft.
 I. Well bottom _____ ft. MSL or 30 ft.
 J. Filter pack, bottom _____ ft. MSL or 30 ft.
 K. Borehole, bottom _____ ft. MSL or 30 ft.
 L. Borehole, diameter 8 in.
 M. O.D. well casing 2 in.
 N. I.D. well casing 2 in.

I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature _____

Firm

Midwest Environmental CS Inc, LLC